



**AmeriCorps
Seniors**

AmeriCorps Seniors Senior Companion Station Training



UServeUtah
Utah Commission on Service & Volunteerism

userve.utah.gov

Agenda

- Overview of the Senior Companion Program
- Volunteer Onboarding Process
- Appropriate and Inappropriate Activities
- Program Forms:
 - Letter of Agreement
 - Assignment Plan
 - Time Sheet
- Additional program context



Program Overview

Senior Companions: Since 1968, low-income older adults have provided companionship and support to other adults in need of extra assistance to remain independent at home for as long as possible.

AmeriCorps: Agency that improves lives and strengthens communities through service and volunteerism.

UServeUtah: State agency running the Senior Companions program in 15 rural Utah counties that include Box Elder, Cache, Carbon, Emery, Grand, Juab, Millard, Piute, Rich, San Juan, Sanpete, Sevier, Summit, Tooele, and Wayne.

Volunteers are engaged in both state and national service!



Senior Companion Onboarding Process:

Prior to being paired with your station



01

Application forms are filled out to determine qualification.

02

Senior Companion Volunteer candidates are interviewed.

03

Complete Criminal History Check (3-part check).

04

20 hours of Pre-Service training are completed.

Overarching Purpose of Senior Companions

- Engage low-income older adults to give back to their community without the worry of the costs of volunteering.
- Volunteers help older adults continue to age in place at home with dignity, increasing or maintaining their ability to remain independent.
- Reduce social isolation for volunteers themselves and for their peers receiving service.
- Volunteers also give much-needed respite at no cost to family caregivers.
- Provide a free service to your clients from vetted, background checked, valuably trained, compassionate volunteers to your clients.



Client Qualification

- Must live in their own home, wherever they call home.
 - May not be in a nursing home, assisted living, or group home.
 - Can be receiving home health services, hospice, etc.
- Must have a limitation or need
 - Physical, cognitive, mental health, emotional, or social
 - Family Caregiver - Respite
- If being transported, need to be able to get in and out of car without needing assistance to lift person, wheelchair or walker.
- Safe home environment for volunteer to serve.



What Do Senior Companions Do?

- Companionship
- Accompany to Senior Center, Recreational Events
- Limited Assistance with Feeding & Grooming
- Limited Assistance with Walking, Getting Out of Bed, To & From Bathroom
- Remind to Take Medication (Not Administer)
- Accompany to Appointment for Treatment or Errands
- Encourage/Accompany in Exercise
- Light food prep, planning, shopping (Client Involved)
- Provide Information for Community Resources
- Assist with Forms, Reading, Letter Writing
- Light Housekeeping
- Light Gardening
- Respite Care - Supervision



What Do Senior Companions NOT Do?

Client/Station Inappropriate Activities

- Political Activities
- Religious Activities - Proselytizing or Worship
- Displacement of Professional Employed Workers
(Medical, Custodial, Grooming)
- Financial Management
- Major Housekeeping, Repairs, etc.
- Inappropriate Use of Transportation
- Lifting People or Heavy Objects
- Extensive Meal Preparation/For Others



What Do Senior Companions NOT Do?

Companion Inappropriate Activities

- Accepting gifts or tips from client.
- Purchasing lunch for client or vice versa.
- Soliciting services to or on behalf of client.
- Smoking or drinking in client home, or while transporting the client.
- Purchasing or providing access to alcoholic beverages or tobacco products.
- Lending money or items to the client.
- Borrowing money or items from the client.



Station Responsibilities

- Identify clients within your program that could use a Senior Companion
- Provide information for the documents required for each placement of a volunteer with a client;
- Speak with AmeriCorps Seniors staff on volunteer assignments to ensure that clients and volunteers are satisfied with the pairing;
- Communicate any concerns to AmeriCorps Seniors staff;
- Sign monthly volunteer timesheets;
- Review volunteer performance monthly during review of timesheets.
- Return scanned monthly timesheets by email to AmeriCorps Seniors staff in a timely manner.



Client Letter of Agreement

- Fill out any information you know.
- Age & Veteran Status are information used in aggregate on grant reports and are not shared with the volunteer
- Outline
 - the primary needs of the client
 - the client's available & desired schedule
 - appropriate service activities
 - other information



In-Home Assignment Letter of Agreement

The UServeUtah Senior Companion Program has been asked by: _____
 (Volunteer Station)

to place _____ in the home of: _____
 (Name of AmeriCorps Seniors volunteer) (Name of client)

 (Street Address) (City) (Zip Code)

Date of Birth: ____/____/____ Phone Number: _____

Emergency Contact _____ EC Phone: _____

Check what apply:

<input type="checkbox"/> Veteran	Living Situation:	<input type="checkbox"/> Cane	Smoker:
<input type="checkbox"/> Spouse of a Veteran	<input type="checkbox"/> Alone	<input type="checkbox"/> Walker	<input type="checkbox"/> Yes
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Spouse	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> No
<input type="checkbox"/> Reserve	<input type="checkbox"/> Child	<input type="checkbox"/> Bedridden	
<input type="checkbox"/> None	<input type="checkbox"/> Relative		
	<input type="checkbox"/> Other: _____		

Service Schedule

Sun: _____ Mon: _____ Tues: _____
 Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Primary Need:

<input type="checkbox"/> Caregiver respite	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Terminal Illness
<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Mobility Impairment
<input type="checkbox"/> Chronic Care Disabilities/Frail Elderly	<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Socially Isolated
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Emotional Disability

Service Activities: *The volunteer may not be paid for their services. They may not do custodial work or work normally performed by a paid worker.*

The following services are approved and will be performed by the AmeriCorps Seniors volunteer

Volunteer services may be terminated by the sponsor upon request of the person served or legally responsible person. AmeriCorps Seniors reserves the right to terminate services at any time if the client refuses to get paid care that is deemed necessary for the health and wellbeing beyond what a Senior Companion volunteer can provide.

Signed: _____ Date: _____

 Person Served or Legally Responsible Person Date

 Station Representative Date

 UServeUtah Representative Date

Your Client's Signature
 Your Station
 Representative's Signature



Home Safety Checklist

- Helps determine if the client's home environment is safe for volunteer placement.
- If stations do routine visits to client's residence, please fill out the home safety checklist.
- If not, the coordinator will visit the client and make the assessment.
- Coordinator will sign.



This assessment ensures the safety of both the recipients and volunteers who will enter the home during their service.

The purpose of the home safety assessment is not to improve the conditions of the home, but simply to deem whether or not the current state of the home is safe for visits.

Client Name: _____

Client Address: _____

Entrance Safety

Yes No Are the sidewalk and driveway clear and relatively even pavement/walkway?

Yes No If there are stairs, are they clear and have a handrail?

Yes No Is there adequate lighting outside the home?

House & Home Safety

Yes No Is the home well-lit and easy to navigate?

Yes No Are walkways clear (no cords across pathway, no tripping hazards, little clutter)?

Yes No Are the electrical systems (fans, space heaters, central heating/cooling, electrical outlets) functioning properly and safely?

Yes No Are the fire extinguishers, carbon monoxide detectors, and smoke detectors functioning?

Yes No Are any pets being cared for adequately?

Yes No If there are stairs, are they clear and have handrails?

Yes No Is any medical equipment in good condition and functioning properly and safely?

Notes:

Regardless of your answers to the above questions, do you feel comfortable sending a Senior Companion into this home?

Yes No

Coordinator Signature: _____ Date: _____



Volunteer Assignment Plan

- We can copy information from the LOA over to the Assignment Plan, but please fill out the information that you know.
- This is only shared with the volunteer.
- The expected outcomes are what will be evaluated later.
- Date and Signature.

Your Station Representative's Signature


Senior Companion Volunteer Assignment Plan


Client: _____ Phone Number: _____

(Street Address) (City) (Zip Code)

Emergency Cont: _____ EC Phone: _____

Living Situation:

Alone Relative

Spouse Child

Other: _____

Ambulation:

Cane Wheelchair

Walker Bedridden

Service Activities:

The following services are approved by the volunteer station and AmeriCorps Seniors SCP staff and will be performed by the AmeriCorps Seniors volunteer:

Social/Recreational	Personal Care	Home Management
<input type="checkbox"/> Companionship	<input type="checkbox"/> Limited feeding and grooming assistance	<input type="checkbox"/> Light shopping/errands
<input type="checkbox"/> Game/card playing	<input type="checkbox"/> Assist to/from bathroom	<input type="checkbox"/> Assist with paperwork
<input type="checkbox"/> Listening to music	<input type="checkbox"/> Medication Reminder	<input type="checkbox"/> Light housekeeping
<input type="checkbox"/> Fostering contact with family and friends	<input type="checkbox"/> Accompany to Doctor's appointments	<input type="checkbox"/> Light food preparation, plan meals
<input type="checkbox"/> Accompany to social event/Senior Center	<input type="checkbox"/> Go on walks together	Respite
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Supervision for safety issues

Expected Outcomes:

How do you expect that the client and, in the case of respite care, caregivers will benefit for the AmeriCorps Seniors volunteer in SCP's activities? Will the client (or caregiver)...

<input type="checkbox"/> Feel less lonely and isolated?	<input type="checkbox"/> Be more socially engaged?
<input type="checkbox"/> Remain living in own home?	<input type="checkbox"/> Benefit from improved nutrition?
<input type="checkbox"/> Be able to carry out activities of daily living such as eating, dressing, using the bathroom?	<input type="checkbox"/> Will caregivers be able to go to work/attend to personal affairs?
<input type="checkbox"/> Other: _____	

The Volunteer Station Supervisor for this assignment is: _____

The AmeriCorps Seniors volunteer is requested to serve (Day/Time)

Sun: _____ Mon: _____ Tues: _____

Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Signed: _____

Senior Companion Volunteer	Date
Station Representative	Date
UServeUtah Representative	Date

Volunteer Timesheet

Senior Companions are trained to track their hours and fill out their timesheet.

- Timesheets are due at the beginning of the month.
- Station oversight of the client: sign the timesheet then send it to program coordinator.
- Coordinator oversight of the client: the coordinator will sign the timesheet and send to a UServeUtah representative.

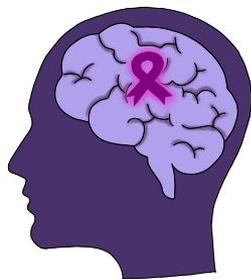
Senior Companion Program Timesheet								Please scan and return by email to:	
NAME:		MONTH:						2023	COUNTY:
	Date	Volunteer Hours \$4.00/hr	Training Hours \$4.00/hr	Holiday Hours \$4.00/hr	Leave Time \$4.00 /hr	Admin. Leave \$4.00/hr	Client Initials	Meals Home \$1.50	FOR OFFICE USE ONLY
M									VOLUNTEER HOURS _____
T									TRAINING HOURS _____
W									HOLIDAY HOURS _____
Th									LEAVE TIME _____
F									ADMIN LEAVE _____
S/S									
M									TOTAL HOURS _____
T									STIPEND PAY _____
W									
Th									MEALS _____
F									MEAL PAY _____
S/S									
M									MILEAGE PAY _____
T									(see Mileage Log)
W									
Th									TOTAL AMOUNT _____
F									
S/S									
M									
T									
W									Senior Companion _____ Date _____
Th									
F									
S/S									Station Representative _____ Date _____
M									
T									
W									SCP Staff _____ Date _____
Th									
F									
Totals							Please don't fill in totals		

By signing I certify that this statement, and the amount claimed are true, correct and complete to the best of my knowledge. I certify that I possessed a valid driver's license and that liability insurance in the amount required by law was in force at the time of this travel.



More Information About Senior Companions

Volunteers are given 24+ hours of in-service training yearly that may include:



Dementia
& Caregiver Burden



Mental Health



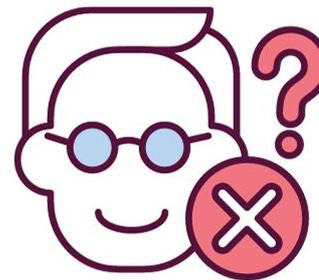
Nutrition &
Food Safety



Defensive Driving



Safe Exercises
& Benefits



Abuse
Recognition
& Prevention



More Information About Senior Companions

- Volunteers receive a modest stipend to offset the cost of volunteering.
- We provide yearly recognition—both state and national.
 - Thank you in advance for showing your appreciation as well!
- Studies report that SCP volunteers show improved physical and emotional health, increased quality of life, greater purpose and meaning, and increased understanding of aging.
- It is mutually beneficial to decreasing social isolation.



Program Tips

- Any changes in schedule or needs/service activities must receive approval from the Program Coordinator and an update to the Assignment Plan.
 - Flexibility can be built into the Assignment Plan if both parties agree, just notate it.
- If a client requires a greater distance of transportation, the volunteer will spend more time in one appointment rather than multiple shorter appointments in a week to maximize the service to the client within the approved mileage amount.

If Challenges Arise?

- Contact the Program Coordinator directly.
- We can discuss a solution, and will pursue the best course of action.
- We aim to always protect our volunteers and clients, and maintain positive relationships with our stations!
- In case of injury - AmeriCorps Seniors volunteers are covered by supplemental accident insurance during service hours.
- Notify a UServeUtah staff member immediately.





Thank you



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